

# Addressing the 2SLGBTQI Community Health

in Durham Health Region Report

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# Acknowledgements

To all the 2SLGBTQI folx who took the chance to participate, online or in person, we can not thank you enough for putting yourself in a potentially vulnerable place to answer questions regarding your authentic self and the encounters you have faced when trying to access affirming health care in Durham Region.

We hope that we have conveyed your messages in an honouring way. This is the first step in moving forward in the Durham Region, and you will be part of that history.

## **This is your voice! You are no longer invisible!**

Thank you to Durham Community Health Centre (DCHC) for providing the funding to make this work possible and for being dedicated to ensuring this community assessment was created by and for the Durham 2SLGBTQI community.

Thank you to everyone who shared on their social media platforms, emails or through word of mouth.

Thank you to all the service providers who took the time to answer from your perspective on what you see as the gaps in your workplaces. This information is vital to closing the gaps and providing affirming care.

Thank you to all the parents/guardians of youth who have raised their voices to help make the Durham region a place where their youth can feel free and be who they are while being supported by affirming healthcare providers. We see you and thank you for being your person's safe space.

Thank you to all our allies who took the time to answer the survey. Our allies are an integral part of our communities' well-being; without your support, we would often not be heard.

**Thank you to all the wonderful queer people and allies who made this document come to life!**

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Thank you to participants who shared their creativity at the in-person session. Participant artwork can be found on pages 10, 11, and 24.



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# Introduction

Two surveys were undertaken to understand the experience of 2SLGBTQI people who access healthcare in the Durham Region of Ontario. The first survey invited 2SLGBTQI folks and caregivers of 2SLGBTQI youth to participate in the survey. The second survey invited healthcare providers and community service providers to participate.

The surveys aimed to identify this population's unique health needs and provide insight into the gaps that 2SLGBTQI people experience while receiving services in the Durham Region.

The survey results directly highlight the issues that 2SLGBTQI people and their providers face, including the need for enhanced community support, timely access to mental health support and provision of gender-affirming care.

The Durham Community Health Centre funded the research. The gap analysis was done by and for the 2SLGBTQI members of the Durham Region. Authentic Self Counselling Services was the administrator of the surveys and in-person sessions. The goal of 200 participants was exceeded. In-person sessions were co-facilitated by Jake Starratt-Farr, MSW, RSW and Mary Krohnet from The LivingRoom Community Art Studio. The in-person sessions were guided by an initial thematic analysis from the online surveys.

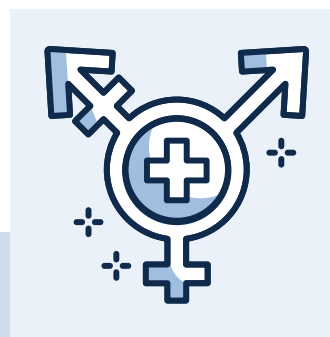
## Survey Goals



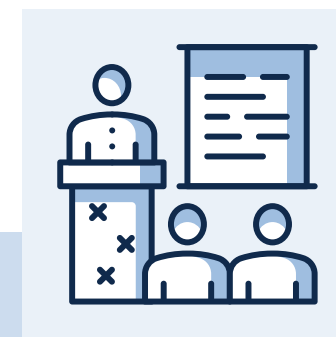
*Feedback for improving health and community service delivery.*



*Informed and targeted policy that improves the health and well-being of 2SLGBTQI people.*



*Enhancements to accessing gender-affirming healthcare that is local.*



*Identify areas for education and training for healthcare providers.*

# Background

A total of 558 participants, who showed immense courage in sharing their experiences, responded to an online survey and in-person focus groups. The survey focused on in-depth questions that examined their experiences within the health care system and service gaps in the Durham Region. The aim was to identify health disparities across sexual orientation, gender identity and presentation, gender, race and ethnicity, education or income, disability, nationality, geographic location, and age. Participants were asked to self-identify (select all that applied) if they were a member of the 2SLGBTQI community, a caregiver to a child in the 2SLGBTQI community, an ally, or none of the above.



## Allyship

*Egale's definition of allyship was utilized as a continuous practice of advocating for marginalized groups. This definition emphasizes that allyship is not an identity that can be claimed but rather a title bestowed by the groups with which we have continually advocated and stood in solidarity (Egale, 2024).*

# High-Level Findings

*transphobia* *hospital unsafe* *wait times are long* *2SLGBTQI mental health resources*  
*healthcare* *deadnamed* *community* *education* *lacking* *training* *resilient*  
*not safe* *we are invisible*  
*gender-affirming care hard to access* *denied care* *travel for services* *uneducated*  
*hormone therapy* *housing* *dismissed* *need crisis support*  
*access to endocrinology* *respect for pronouns* *homophobia*  
*healthcare providers identify as allies*

## Key Findings

**2SLGBTQI Durham Region community members reported they do not feel safe** when seeking healthcare, impacting their access to safe and timely health interventions. Participants reported often being unable to pre-emptively know whether a provider was an ally before disclosing their gender identity or sexual orientation.







**OHIP covered mental health services** within the Durham Region are not widely available or accessible in a timely manner. Participants report difficulty in accessing mental health services by and for the 2SLGBTQI community, or at all, especially during times of crisis. Provincial services

can have wait times of greater than 6 months - even during an acute need. A complicating factor is that many respondents felt unsafe accessing crisis care at their local emergency departments.



2SLGBTQI patients were faced with **excessive wait times for gender-affirming care**. Due to a lack of available services, waitlists often exceed months to years. Additionally, caretakers of 2SLGBTQI youth were concerned about access to gender-affirming pediatric health services.

The lack of access is exacerbated by physicians not knowing where to refer patients or being unwilling to support the unique health needs of 2SLGBTQI patients. The extended wait times for trans youth have harmful consequences for their mental health.



**Lack of medical services for physical transitioning**, including knowledgeable and supportive primary care practitioners, specialists, surgeons, and services for testing such as lab work and imaging (X-rays and ultrasounds).



Participants from service providers and service users indicate a **need for increased 2SLGBTQI education**. Many respondents to the service users survey reported negative healthcare interactions. Their medical concerns were dismissed due to providers making assumptions based on

misinformation about gender identity or sexual orientation. Additionally, healthcare providers report wanting to provide safe and effective gender-affirming care but lack the time and training to improve the delivery of service.



**Transportation negatively impacted members of the 2SLGBTQI community** and was a key concern for multiple reasons. Participants noted that they often needed to travel out of the Durham Region to receive necessary care in other cities, which included an additional cost

burden of multiple transportation systems that could result in a barrier to receiving care, including losing a day of pay. Secondly, transportation in the region is limited or nonexistent, sometimes making it impossible to reach the necessary provider. Therefore, folks were left to ask others to support them or use private transportation services at heightened costs. Lastly, public transportation was noted to be unsafe, especially for those who are easily identifiable as 2SLGBTQI.

# Methodology

Two surveys were developed to better understand how service delivery impacts the 2SLGBTQI community in the Durham Region. They were distributed online through a social media campaign. 2SLGBTQI community members, service providers to this community, and youth caregivers are calling for increased resources to address the gaps in service delivery. The health inequities experienced by 2SLGBTQI individuals are demonstrated in the literature and reflect the lived experiences in this community-led survey.

The survey collected qualitative and quantitative data from those who participated in the surveys. Additional demographic data was also collected to capture participants' social identities and ethnicities, how they identify, where they have or have not received services, and where they live in the Durham Region. The questions were benchmarked against recent Canadian and U.S. literature on health surveys for 2SLGBTQI individuals.

## Distribution, Sampling, and Recruitment

The survey was distributed exclusively online using Survey Monkey from February 26, 2024, to April 20, 2024. Outreach to participants took place through social media platforms, snowballing, and direct email. Communities reflected in the recruitment cohort include racial and ethnic minorities and sexual and gender minorities across geographic, educational, and income levels. No incentive was provided for participation in the online surveys. In-person sessions included an honorarium.

Additionally, three in-person sessions were held. Invitations to participate were placed on social media platforms, including Durham Community Health Centre (DCHC), Pflag Durham Region, and Authentic Self Counselling Services and were shared widely with over 50 local neighbourhood community spaces. Over 1000 emails were sent directly to community members, caregivers, service providers, and other community networks like local libraries, union offices, and local school boards. The information was physically placed in the waiting areas at DCHC's locations. Art and spoken word were part of deepening the qualitative data collected during the sessions. Lastly, thematic analysis was used to collect themes to generate the report. We have striven to honour the experiences as relayed to us through the surveys.

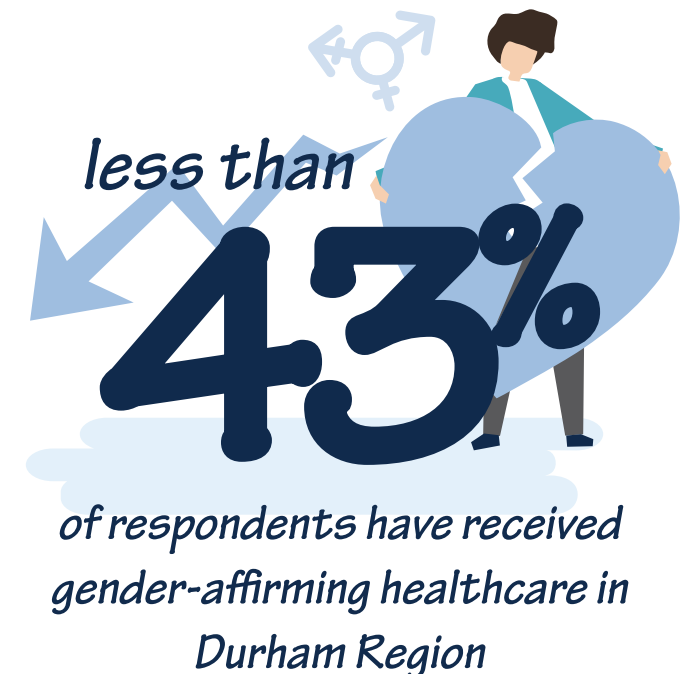
# Access to Health Services

Approximately 76.3% of respondents in the Durham Region primarily access general health care through a family physician. Participants also received care from walk-in clinics, specialists, nurse practitioners, naturopaths, and telehealth services.

Less than 43% of respondents have received gender-affirming healthcare in Durham Region.

- Increased funding for gender-affirming care and medical transition is necessary to reduce this gap.
- Durham Region patients who are referred outside the region (e.g. to Toronto) for gender care add time to the waitlist for community members who live in that area, creating longer wait times and taxing the services in that area.
- Gender surgeries (e.g. orchiectomy and hysterectomy) are often performed at larger institutions where specialists and surgeons are located outside of the Durham Region.

However, the percentage of those who do not have access to gender-affirming care remains unknown. In part, this is due to patients who do not feel safe to disclose their gender identity or sexual orientation. Patients do not share this information with their health care providers (HCP) for many reasons, including a negative experience with a previous provider or a non-inclusive space. Safe provider spaces incorporate inclusive language when interacting with patients or forms that identify chosen names or pronouns.



# 2SSLGBTQI Respondents Identify Barriers and Facilitators to Health Service

## Barriers to Service

“You should lose weight.”

“Refused care because I might want kids.”

“Well-meaning doctor not educated on trans kid care.”

“Almost getting a prostate exam when I do not have a prostate - they did not read my chart.”

“Homophobia as an excuse to not provide my top surgery.”

“Judgemental counsellor.”

“It’s a phase.”

“You’ll change your mind.”

“You have anxiety.”

“It is your trauma.”

“It is your responsibility to train your HCP about your gender identity/sexual orientation.”

“You’re too young to receive gender-affirming care.”

“I don’t believe in the LGBTQI.”

“Refused gender-affirming care.”

“Judged for lifestyle choices.”

“Provider shared my orientation with a homophobic relative.”

“Provider refused to refer to a fertility clinic.”

“Microaggressions.”

“As a woman, I was dismissed as being *hysterical* or dismissed because my woman’s issues are ‘normal’.”

“Health concerns dismissed because of an incorrect assumption about my sexual health - not safe enough to challenge.”

“Religious doctor disagreeing from religious/moral perspective, however, has been kind.”

“Being told, I was trying to be trendy.”

“My child refused care because they are too young.”



*“Physician saved my life by supporting my medical transition.”*

## Facilitators of Inclusive Care

“Family Transformation Group for Parents/ Caregivers/Guardians to support their trans child.”

“HCP caught the incorrect dosage provided by another doctor and corrected it.”

“Child’s pronouns being respected/pronouns and chosen name being respected.”

“Attending day programs locally.”

“Physician saved my life by supporting my medical transition.”

“EDI language used in paperwork at doctors’ office.”

“Accessed clinics for sexually transmitted infections (STI) and HCPs were supportive and non-judgemental and provided education.”

“HIV test and was treated like it was a flu shot” non-judgemental.”

“Starting hormones.”

“Finally diagnosed with a medical condition and not just anxiety.”

“Provided excellent post-op care for gender-affirming surgery.”

“Allies want to support but need more education so we can support.”

“Thank you for doing this survey and making our voices heard.”



# Need for Greater Understanding and Empathy From Healthcare Providers for Gender-Affirming Care

Participants identified that gender-affirming care can be challenging to access. They often had to travel outside the region to Toronto to find care. Participants also reported that their Durham HCP referred them to care in Toronto as they were not aware that DCHC exists. Others found care through institutions like DCHC, or the Canadian Mental Health Association Nurse Practitioner who sees patients who are registered with them, and receiving full care, and are over 18.

Over a third of participants have been on a waiting list for gender-affirming care. Wait times are approximately 6-12 months locally in Durham. Outside of Durham, a referral to be seen for gender-affirming care can be 6 months and up to 18-24 months in Toronto. Extensive wait lists risk 2SLGBTQI people's health.

Nearly 6% of genderfluid, over 7% of non-binary, over 13% of trans men and 16% of trans women had negative responses from their primary provider when they talked about their gender identity and sexual orientation.

The family doctor shortage crisis will decrease the ability to receive healthcare from consistent physicians. A Canadian Medical Association survey in 2021 indicated that over half of physicians who responded are experiencing worsening levels of burnout (2021).

Showed that more than half of physicians and medical learners (53%) had experienced high levels of burnout and that nearly half of respondents (49%) were considering reducing their clinical work in the next 24 months.



## Gaps in Gender-Affirming Health Services

2SLGBTQI community members reported experiencing gaps in available services within Durham Region, long waits for a referral to a clinic or specialist outside Durham Region, being denied services in Toronto as they were out of service areas, and called for increased resources from specialized healthcare to support their primary care provider: Participants also reported being denied a referral for service by their family physician, and extended waits for gender-affirming surgeries, endocrinology (i.e. continued access to hormones, hormone blockers for kids before puberty, and healthcare for 2SLGBTQI seniors).

## Service users call for greater inclusivity

Participants noted several areas in which healthcare providers could benefit from an increased understanding of the impact they had on their patients. Including:

### Inclusivity Measures

- HCPs lacked understanding of the unique experience of their 2SLGBTQI patients.
- Not being asked preferred pronouns, respecting pronouns, not using chosen name, or being dead-named.
- Acute care facilities were not felt to be safe spaces or comfortable for patients to discuss their concerns because they did not take into account their 2SLGBTQI identity.
- Increased trans-informed care providers.

### Mistrust in provider or healthcare system

- Patients worried that relaying their sexual orientation or gender identity would negatively impact their care (e.g. legitimate health concerns being disregarded or HCP diagnosing as anxiety).
- Unable to find care in Durham Region, but was denied care in Toronto because not a resident of that city.
- After disclosing their gender identity or sexual orientation and the provider rejects them, 2SLGBTQI patients may not be able to return to the HCP and lose any access to medical care, leaving them at further risk of increased mental health distress.

## Increased Funding

- Access to sexually transmitted infection (STI) walk-in clinics
- Better equity, diversity, and inclusivity 2SLGBTQI training for hospitals
- Additional diagnostic and support services (e.g. lab and phlebotomists, X-ray and ultrasound technicians)
- More OHIP-covered services
- More nurse practitioner (NP)s and doctors in North Durham
- Trans-specific healthcare expansion will include youth support, mental health services and support, social work services, gender-affirming medical care, including surgery, etc.
- Fertility education for HCPs of 2SLGBTQI patients

## Participants require equitable and empathetic care from HCPs

- Central location for Durham Region HCPs to attend training
- Training by local 2SLGBTQI folks for healthcare providers
- Participants want mandatory training to address provider assumptions, microaggressions
- HCPs want current gender-affirming training but are experiencing burnout

## Lack of Access to Mental Health Services

- Affordable counselling
- Mental health supports for 2SLGBTQI students
- Trans-based group therapy
- Increased outreach/follow-up in the community
- Support for being bullied in school
- Poly and non-monogamous practitioners
- Urgent and timely mental health access
- Grief counselling
- Support between healthcare providers to bridge the gap while waiting
- Teen/tween 2SLGBTQI programming
- Suicide support for bullying
- Support for parents/caregivers so they can meet their child's needs



# The Social Determinants of Health

“The social determinants of health (SDoH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems. Research shows that the social determinants can be more important than health care or lifestyle choices in influencing health. For example, numerous studies suggest that SDH account for between 30-55% of health outcomes.” (World Health Organization, 2024)

In other words, the communities within the Durham Region are vital to the health and well-being of the 2SLGBTQI individuals who live there.

## 2SLGBTQI Community Events

Many participants offered different ideas of events that they would like to see.

- Senior support in the community
- More drag queen story time (including protections for those who attend)
- More community pride events
- Businesses displaying rainbow or inclusive signage
- Ongoing community groups without an end date
- More space dedicated to 2SLGBTQI folk
- Hair removal programs and voice training programs
- Services for low-income
- Intersex groups
- Make-up application workshops for free
- Accessibility for disabled 2SLGBTQI folk
- Art spaces specifically for this community
- Increased visibility in the community. For example, rainbow crosswalks, park benches, banners, and indoor pride flags are displayed throughout the year.

Participants were asked to speak about a positive experience they have had in their community with involvement in 2SLGBTQI-safe groups. Despite the challenges, it's heartening to note that 50.7% of respondents had made connections within their community, reflecting the resilience and strength of the 2SLGBTQI community in the Durham Region.

More inclusivity within the Durham Region will promote better health outcomes for the 2SLGBTQI community. Participants consistently and interchangeably discussed health, healthcare, and social engagement when asked about either a positive or a negative perspective. This speaks to the importance of the community that people live in and its integral role in improving overall health. These include enhanced healthcare access, gender-affirming care, community events, and 2SLGBTQI-safe spaces.

## Identified Community Gaps: Opportunities for Inclusivity

### *The 2SLGBTQI community is resilient but still faces challenges*

Respondents note they experienced pervasive transphobia when they were out in the greater community. Additionally, transportation was seen as a barrier to participating because of experiencing homophobia and or transphobia while on public transportation. Many persons in the community commented that they were unaware of the groups mentioned above or had difficulty accessing these 2SLGBTQI-safe groups. Collectively, there were many calls for different types of diverse and safe community spaces, including community events for 2SLGBTQI older adults and tweens, support groups for guardians of in-community youth, sober events, and art clubs, for example.

## Lack of Support for 2SLGBTQI Community

Over 70% of the 2SLGBTQI participants felt that the broader community was ***somewhat supportive or not supportive of their community***. This impacted how comfortable participants were in disclosing their gender identity and sexual orientation to family members, people outside their families (i.e. school or work), and service providers.

## Local 2SLGBTQI Leadership

- Support from elected officials to stand up and speak out against what is currently happening in the Durham area - hate groups, transphobia, homophobia
- Increased providers who identify as 2SLGBTQI who better understand the unique needs of this population



*of the 2SLGBTQI participants felt that the broader community was somewhat supportive or not supportive of their community.*

# Safety

Patient safety is defined as “the absence of preventable harm to a patient and reduction of risk of unnecessary harm associated with health care to an acceptable minimum.” Within the broader health system context, it is “a framework of organized activities that creates cultures, processes, procedures, behaviours, technologies and environments in health care that consistently and sustainably lower risks, reduce the occurrence of avoidable harm, make error less likely and reduce impact of harm when it does occur” (World Health Organization, 2024).

All participants identified safety as a priority. Safety for 2SLGBTQI people requires multiple strategies.

Moreover, participants identified safety concerns as it relates to:

- interacting with healthcare providers,
- risk of increased harm because of a lack of health services,
- in the community (e.g. on public transportation),
- navigating homophobia, transphobia,
- and an increase in crimes.

## Safety in Healthcare

### *Participants call for inclusion and accountability:*

- Doctors identifying as allies (visibly and audibly identifying as such for patients and caregivers to see)
- Affirming doctors/nurses
- Signage or flags for doctors or healthcare providers' offices
- Ability to report HCPs who are not safe for 2SLGBTQI folks
- No judgement when asking for STI testing
- Decreased wait time for hormone replacement therapy
- Ask and use patients' pronouns and chosen names

# Safety In the Community

*Participants call for inclusion and accountability:*

- Safer transit
- Reducing hate crimes
- Educating law enforcement
- Support from law enforcement for 2SLGBTQI events

## Housing

Housing is a complex issue that affects those in the 2SLGBTQI community at greater rates due to systemic barriers for this vulnerable population (Abramovich, 2012; Abramovich & Pang, 2020).

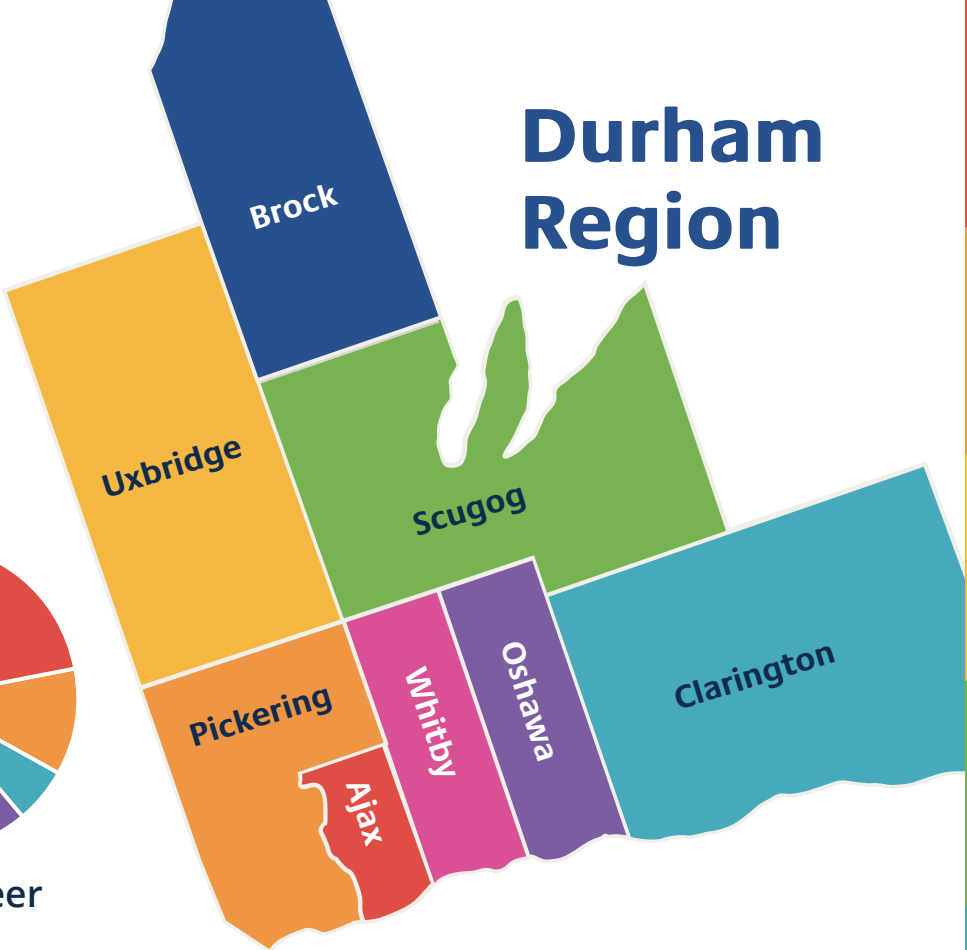
### Barriers:

- Not enough homeless shelters and trans-specific crisis beds
- Cost of living crisis
- The interrelated cycle of homelessness, mental health issues, and addictions.



# Demographics

## Durham Region

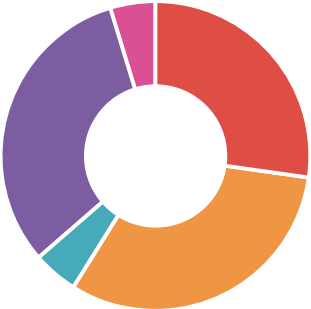


### Participant Demographics

Gender identity/sexual orientation - by region



Agender



Gender fluid



Genderqueer



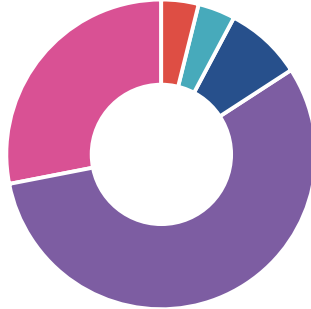
Intersex



Nonbinary



Trans Man

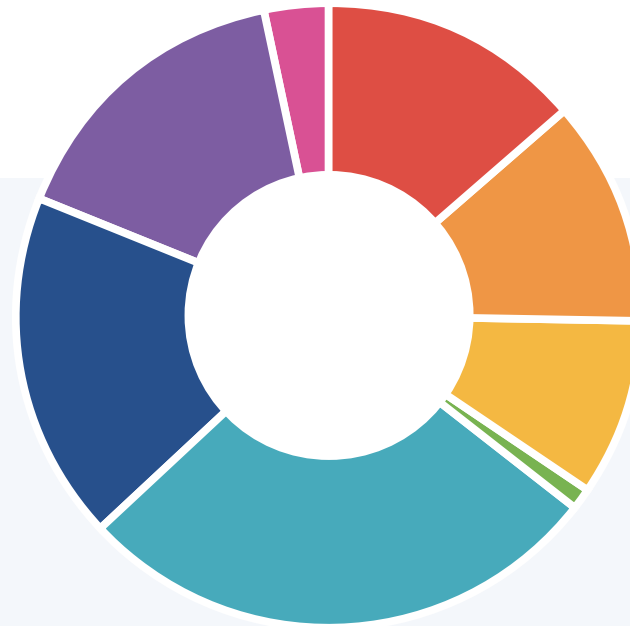
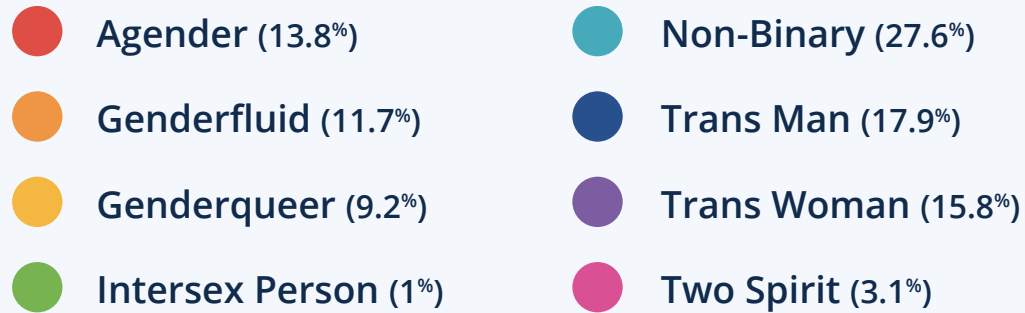


Trans Woman

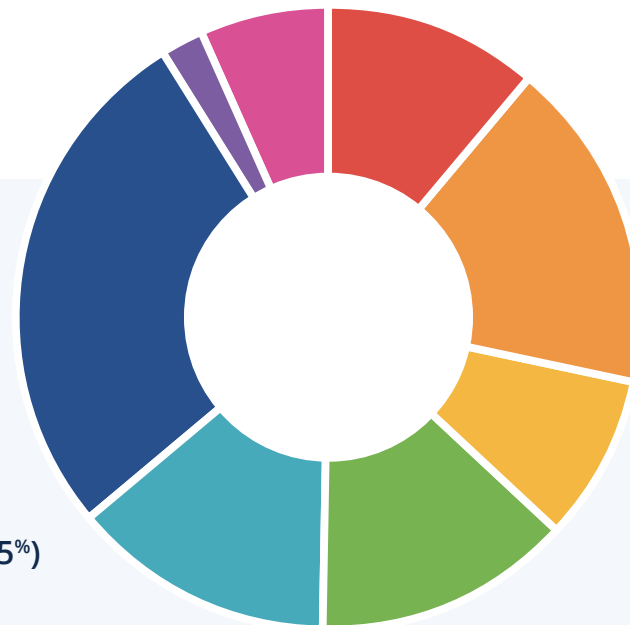
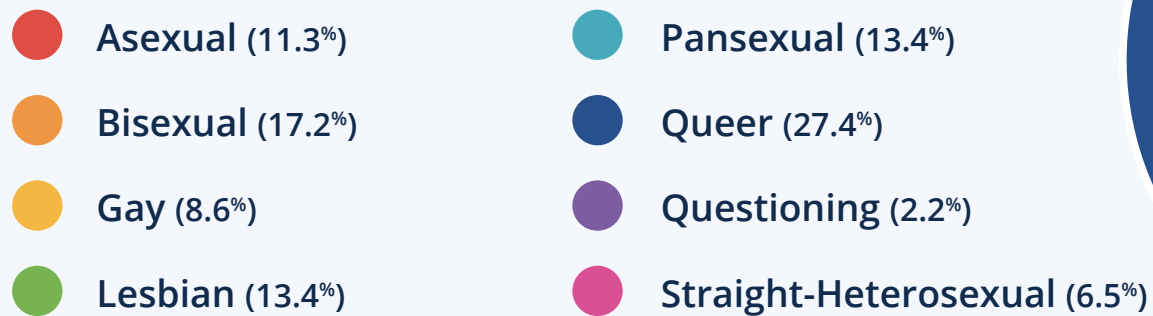


Two Spirit

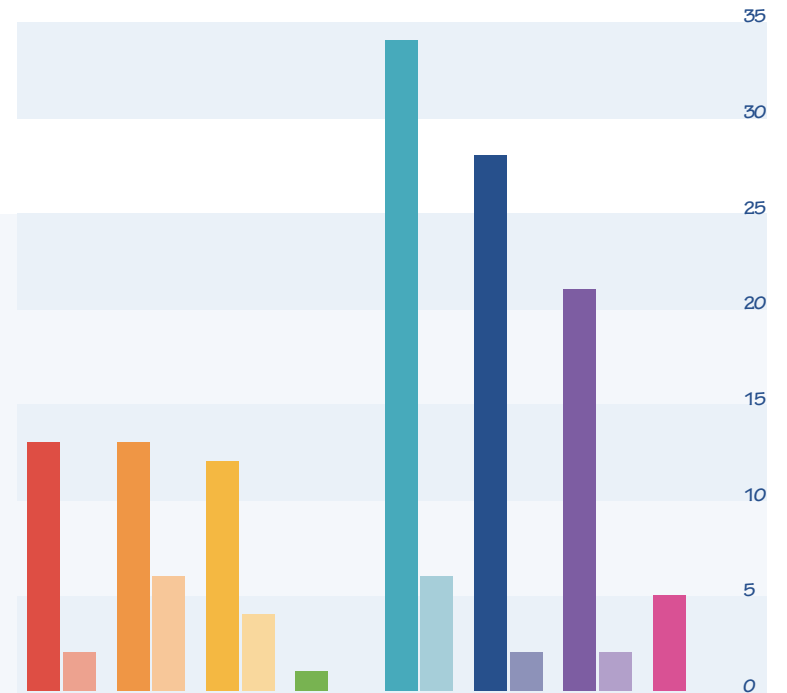
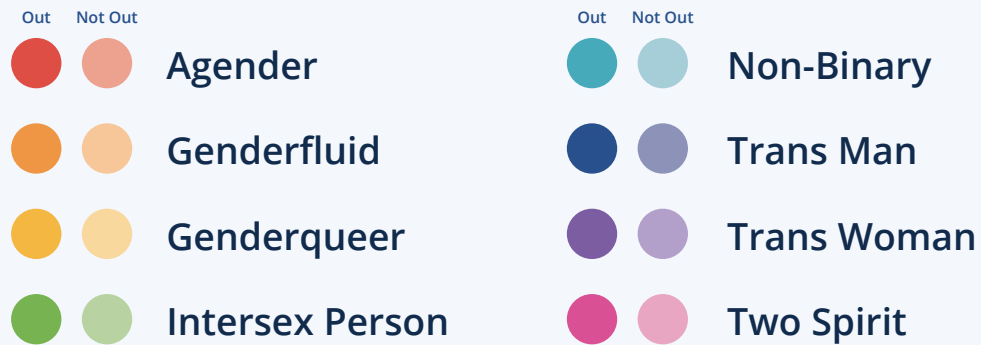
## Gender identity demographics



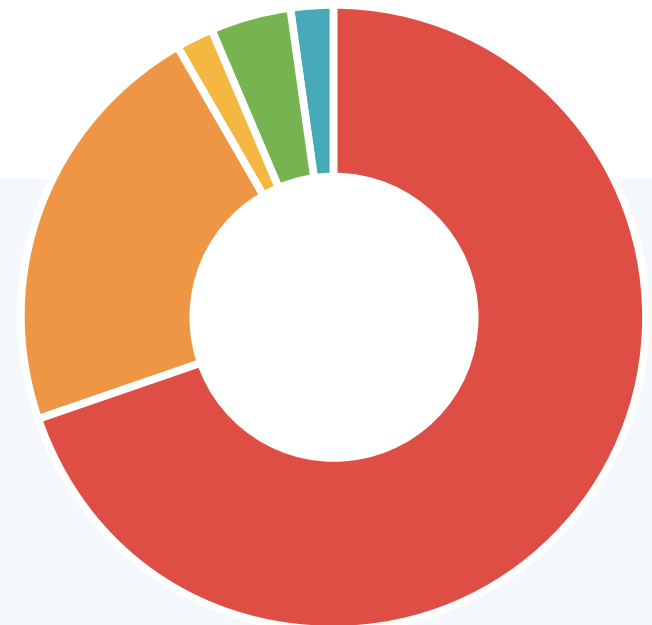
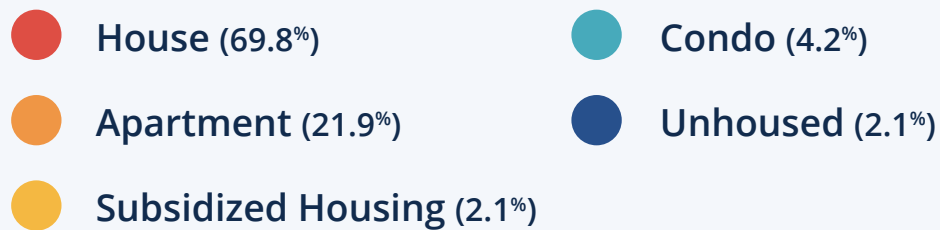
## Sexual orientation identity



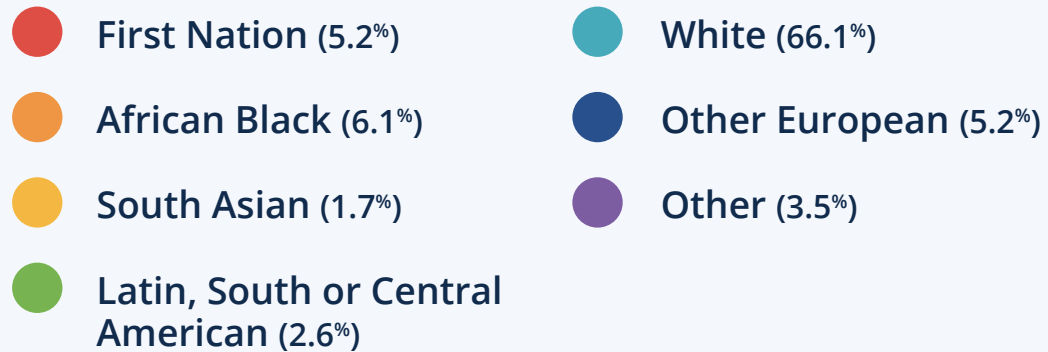
## How out are participants



## Housing



## Ethnicity



## Number of responses vs Durham population

Residence	Responses #'s vs %		Est. Pop Dist.% vs Resp. %	
Ajax	46	8%	135,968	18%
Pickering	93	17%	109,116	14%
Uxbridge	18	4%	22,407	3%
Scugog	15	3%	23,398	3%
Clarington	70	13%	111,404	15%
Brock	10	2%	13,919	2%
Oshawa	147	26%	196,165	26%
Whitby	100	18%	154,478	20%
Not currently living in DR	54	9%		
Totals	553	100%	766,855	100%



# Findings Top 3 Themes

## 1. Expansion of services

### a. Creation of a Physical Permanent, Accessible, Community Physical Space

- Central centralized services to address Social Determinants of Health (SDoH)
- Sexual Orientation and Gender Identity (SOGI), 2SLGBTQI-led, psycho-social wrap-around services embedded in the community
  - Funded
  - Accountable
  - Measured
  - Actionable
  - Non-affiliated
- Mental Health Services on site
  - Walk-in
  - 2SLGBTQI practitioners
- Training offered out of centralized services
  - Able to refer HCPs to resources within the centralized services and training
  - HCPs can also refer to centralized service locations for connected services
- Community Centre
  - E.g. Art Hub
- Harm reduction model
- Advisory Committee (made up of local leaders) - not a committee that refers to another committee

### b. Expansion of healthcare services - decrease wait times

- Surgical Centre

## 2. Safety

### a. Safety in the community

### b. Safety when receiving healthcare

- Healthcare providers are not sure where to start to provide safe, affirming care (lack of education/time to learn)
- HCPs want to provide adequate care
- HCPs are suffering from burnout and moral injury

## 3. Housing

### a. Impact of lack of housing on 2SLGBTQI folks

- 30-40% of unhoused are 2SLGBTQI
- Need further research to determine the impact of housing issues on the 2SLGBTQI people in the Durham Region.

# Calls to Action

## 2SLGBTQI Training Needs, Resources, and Advocacy Priorities.

- **A Centralized Hub:** A bricks and mortar space allowing programs to be more easily accessed, centralizing intake
  - Allows for more collaboration amongst service providers (e.g. HCP referring to housing support)
  - Allows local non-profit groups to have a bricks and mortar meeting space (e.g. The LivingRoom, Pflag)
  - Centralized space to get information - support, and care that is easily accessed
  - Drop in programs
  - Community safe events
  - School-age, seniors, gender identity or sexual orientation specific, non-alcoholic social groups, family
- Community clubs
- More in-person, less virtual
- Guidance for allies
- Central list of 2SLGBTQI ally healthcare providers



# Prioritization of 2SLGBTQI care in the Durham Region

## *A comprehensive approach to health*

- Further research and gap assessments for 2SLGBTQI people, especially for racialized and Indigenous populations, recently immigrated persons.
- Additional funding for 2SLGBTQI housing supports that reflects the progress being made in other cities (e.g. York Region, Abramovich & Pang, 2020).
- “Homelessness and being unhoused exacerbate health inequities, with 20-40% of homeless youth being from the 2SLGBTQI community.” (Abramovich & Pang, 2020).
- Towns within the Durham Region are expected to drastically increase in population, and the present state of the healthcare system is not sustainable in its current form. For example, Pickering is expected to increase its population by 50% by 2040 (City of Pickering, 2024).

## Gender Clinic

### *Expansion and Initiation of Affirming Surgical Services in the Durham Region*

- Expansion of Services offered through the DCHC Gender Clinic
- Additional HCPs to provide gender-affirming and medical transition care
- Interprofessional care teams to proactively connect to local HCPs to offer education and support as they provide care for 2SLGBTQI people
- Create ongoing collaborative and inter-professional relationships to support the health of 2SLGBTQI people
- Training and education for “other services (e.g. x-rays, etc)
- Lakeridge Health to prioritize forming system-wide educational and supportive mandates for surgeons and other health care staff to initiate affirming surgeries (I.e. Orchioectomy, Hysterectomy, Chest reconstruction), to remedy referring patients to other health networks outside the region.

## References

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# Glossary

For this document, the definition of 2SLGBTQI is as follows:

**2S - Two-Spirit** was a term introduced by Elder Myra Lamee in 1990 at the third annual Native American and Canadian Aboriginal LGBT people gathering in Winnipeg.<sup>422</sup> It is “an English umbrella term to reflect and restore Indigenous traditions forcefully suppressed by colonization, honouring the fluid and diverse nature of gender and attraction and its connection to community and spirituality. It is used by some Indigenous people rather than, or in addition to, identifying as LGBTQI. The teachings, roles, and responsibilities for a Two-Spirit person differ from community to community. Not all queer Indigenous people use this term, but Two-Spirit is an identity specific to being Indigenous and can only be claimed by Indigenous people.

**L - Lesbian** A woman whose emotional, romantic, and/or physical attraction is to women. Non-binary people may also use the term.

**G - Gay** Someone whose emotional, romantic, and/or physical attraction is to people of the same sex or gender. More commonly used to describe male attraction to other males, but men, women, and non-binary people may also use the term.

**B - Bisexual** A term describing people who are emotionally, romantically, and/or physically attracted to both men and women. It can also more broadly describe people who are attracted to more than one sex, gender, or gender identity in any capacity, and not necessarily in the same way. Sometimes shortened to “bi”.

**T- Transgender** An umbrella term used to describe a person whose gender identity is anything other than their sex assigned at birth. The term is also used more narrowly to describe someone who identifies as or is transitioning/has transitioned to the “opposite” sex. May be shortened to “trans”.

**Q-Queer/Questioning** An umbrella term used by some who identify as neither heterosexual nor cisgender. It is becoming more widely used within the community because of its inclusiveness and is sometimes used for convenience in place of acronyms, but should not entirely replace the acronyms. This term has been used offensively as a slur and has been reclaimed for use within the community. In this document, it is used to reflect all sexualities, genders, those who are questioning, and those who identify with multiple identities in place of a “+” sign.

**I-Intersex** Someone who is born with anatomy, hormones, or genetic make-up that differs from the general medical definitions of male and female. Someone who is intersex may have one or more of a variety of differences that are usually of no medical risk. They are generally assigned a binary gender and sex at birth by their doctors and family, but this is becoming an outdated approach. Intersex people may identify with the trans community but also may not. The term “hermaphrodite” was previously in use but is now outdated and offensive.

Regional realities and context: <https://www.youtube.com/watch?v=2WLEGaN8C2I>

